

# CLAIMS ONLY

Application Number

10/552961

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

| CLAIMS          | AS FILED<br>10-13-05 |        | AFTER FIRST<br>AMENDMENT |        | AFTER SECOND<br>AMENDMENT |        |
|-----------------|----------------------|--------|--------------------------|--------|---------------------------|--------|
|                 | Indep                | Depend | Indep                    | Depend | Indep                     | Depend |
| 1               |                      |        |                          |        |                           |        |
| 2               |                      |        |                          |        |                           |        |
| 3               |                      |        |                          |        |                           |        |
| 4               |                      |        |                          |        |                           |        |
| 5               |                      |        |                          |        |                           |        |
| 6               |                      |        |                          |        |                           |        |
| 7               |                      |        |                          |        |                           |        |
| 8               |                      |        |                          |        |                           |        |
| 9               |                      |        |                          |        |                           |        |
| 10              |                      |        |                          |        |                           |        |
| 11              |                      |        |                          |        |                           |        |
| 12              |                      |        |                          |        |                           |        |
| 13              |                      |        |                          |        |                           |        |
| 14              |                      |        |                          |        |                           |        |
| 15              |                      |        |                          |        |                           |        |
| 16              |                      |        |                          |        |                           |        |
| 17              |                      |        |                          |        |                           |        |
| 18              |                      |        |                          |        |                           |        |
| 19              |                      |        |                          |        |                           |        |
| 20              |                      |        |                          |        |                           |        |
| 21              |                      |        |                          |        |                           |        |
| 22              |                      |        |                          |        |                           |        |
| 23              |                      |        |                          |        |                           |        |
| 24              |                      |        |                          |        |                           |        |
| 25              |                      |        |                          |        |                           |        |
| 26              |                      |        |                          |        |                           |        |
| 27              |                      |        |                          |        |                           |        |
| 28              |                      |        |                          |        |                           |        |
| 29              |                      |        |                          |        |                           |        |
| 30              |                      |        |                          |        |                           |        |
| 31              |                      |        |                          |        |                           |        |
| 32              |                      |        |                          |        |                           |        |
| 33              |                      |        |                          |        |                           |        |
| 34              |                      |        |                          |        |                           |        |
| 35              |                      |        |                          |        |                           |        |
| 36              |                      |        |                          |        |                           |        |
| 37              |                      |        |                          |        |                           |        |
| 38              |                      |        |                          |        |                           |        |
| 39              |                      |        |                          |        |                           |        |
| 40              |                      |        |                          |        |                           |        |
| 41              |                      |        |                          |        |                           |        |
| 42              |                      |        |                          |        |                           |        |
| 43              |                      |        |                          |        |                           |        |
| 44              |                      |        |                          |        |                           |        |
| 45              |                      |        |                          |        |                           |        |
| 46              |                      |        |                          |        |                           |        |
| 47              |                      |        |                          |        |                           |        |
| 48              |                      |        |                          |        |                           |        |
| 49              |                      |        |                          |        |                           |        |
| 50              |                      |        |                          |        |                           |        |
| Total<br>Indep  |                      |        |                          |        |                           |        |
| Total<br>Depend |                      |        |                          |        |                           |        |
| Total<br>Claims |                      |        |                          |        |                           |        |

  

|                 | *     |        | *     |        | *     |        |
|-----------------|-------|--------|-------|--------|-------|--------|
|                 | Indep | Depend | Indep | Depend | Indep | Depend |
| 51              |       |        |       |        |       |        |
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| 96              |       |        |       |        |       |        |
| 97              |       |        |       |        |       |        |
| 98              |       |        |       |        |       |        |
| 99              |       |        |       |        |       |        |
| 100             |       |        |       |        |       |        |
| Total<br>Indep  |       |        |       |        |       |        |
| Total<br>Depend |       |        |       |        |       |        |
| Total<br>Claims |       |        |       |        |       |        |